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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/706,768
Filing Date	Nov. 12, 2003
First Named Inventor	Schranz, et al
Art Unit	
Examiner Name	
Attorney Docket Number	970-9856F

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

☐ all the attorneys/agents of record.☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or☒ the attorneys/agents associated with Customer Number

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The reasons for this request are: Applicants request to transfer files

CORRESPONDENCE ADDRESS1. ☐ The correspondence address is NOT affected by this withdrawal.2. ☐ Change the correspondence address and direct all future correspondence to:☐ The address associated with Customer Number: **OR**

<input checked="" type="checkbox"/> Firm or Individual Name	D. Peter Hochberg Co., LPA		
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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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